

**UNITED STATES TRUSTEE - REGION VIII  
CHAPTER 11 INITIAL REPORT INSTRUCTIONS**

The Initial Report has been designed to provide the United States Trustee with basic information about the debtor and ensure that the debtor successfully emerges from Chapter 11 without unnecessary delay or expense. This Instruction Page is for the debtor's information in preparing the various documents which will comprise the Initial Report. **THE INITIAL REPORT SHOULD BE COMPLETED IN ITS ENTIRETY FOR THE INITIAL DEBTOR CONFERENCE.**

The items to be included in the Initial Report are as follows:

1. **Initial Report Checklist.** Exhibit A should be completed indicating all documents to be supplied at the initial conference.
2. **Initial Debtor Conference Information Sheet.** Exhibit B consists of two pages identifying areas of concern which will be addressed during the initial conference.
3. **Certification of Receipt of Operating Guidelines and Designation of Specific Individuals.** All debtors are required to attest to their receipt of the operating guidelines and reporting requirements on Exhibit C. If the Debtor is a Corporation, Partnership or LLC, there must also be a designation of the individual who will be responsible for discharging the duties of the debtor-in-possession. This person will be expected to attend the initial conference, the §341(a) meeting of creditors, disclosure statement hearing, confirmation hearing and any other significant hearings convened in this case. Debtors must also designate the individual who will be responsible for preparing all financial reports required by the Court or United States Trustee.
4. **Bank Account Declaration of Debtor.** All prepetition bank accounts are required to be closed as of the date the Petition is filed and new debtor-in-possession accounts opened. All debtors must declare on Exhibit D under penalty of perjury the location of their prepetition and postpetition bank accounts. Also included in Exhibit D is a Statement for Depository, listing the signatories on the new accounts, and a list of financial institutions, one of which must be utilized for the new accounts. Debtors should bring with them verification of account designations and account numbers, along with a sample copy of a voided check on each account.
5. **Insurance Expiration Statement.** All debtors are required to declare the current status of their insurance policies on Exhibit E. The operating guidelines provide details on the types of coverage that are required. Copies of the declaration pages from the policies must be attached to Exhibit E. The debtor must notify the United States Trustee of any material change, cancellation or nonrenewal of the policies listed.
6. All other documents listed on attached **Initial Report Checklist.**

**INITIAL REPORT CHECKLIST**

**CASE NAME:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please check items supplied at Initial Debtor Conference:**

- { } INFORMATION FOR INITIAL DEBTOR CONFERENCE IS COMPLETED AND ATTACHED (Exhibit B).**
  
- { } CERTIFICATION OF RECEIPT OF OPERATING GUIDELINES AND DESIGNATION OF SPECIFIC INDIVIDUALS IS COMPLETED AND ATTACHED (Exhibit C).**
  
- { } BANK ACCOUNT DECLARATION OF DEBTOR AND DEBTOR-IN-POSSESSION STATEMENT FOR DEPOSITORY IS COMPLETED AND ATTACHED (Exhibit D), ALONG WITH VOIDED CHECKS FROM NEW BANK ACCOUNTS.**
  
- { } INSURANCE EXPIRATION STATEMENT IS COMPLETED AND ATTACHED (Exhibit E), ALONG WITH COPIES OF DECLARATION PAGES.**
  
- { } COPY OF MOST RECENT FEDERAL INCOME TAX RETURN, ALONG WITH ALL SCHEDULES AND ATTACHMENTS, IS ATTACHED.**
  
- { } COPIES OF THE MOST RECENT FINANCIAL STATEMENTS, AUDITED AND/OR UNAUDITED, ARE ATTACHED.**
  
- { } COPY OF MOST RECENT BUDGET (IF ONE HAS BEEN PREPARED) IS ATTACHED.**

INFORMATION FOR INITIAL DEBTOR CONFERENCE

DATE:

CASE NAME:

CASE NUMBER:

BUSINESS INFORMATION:

FUNCTION:

NUMBER OF EMPLOYEES: \_\_\_\_\_ DATE STARTED/INCORPORATED:

CORPORATE OFFICERS, PARTNERS OR SOLE PROPRIETOR:

NAME	TITLE	% OF OWNERSHIP	SALARY(past 12 mos.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONDITIONS WHICH CAUSED THE CHAPTER 11 PETITION TO BE FILED:

PROPOSED PLAN OF REORGANIZATION:

FINANCIAL CONDITION AS OF FILING DATE:

CASH BALANCE: \_\_\_\_\_ INVENTORY:

DO YOU EXPECT CASH ON DEPOSIT AT ANY ONE FINANCIAL INSTITUTION TO EXCEED  
\$100,000 WHILE THE CHAPTER 11 CASE IS PENDING? (YES/NO)

ACCTS. RECEIVABLE (TOTAL): \_\_\_\_\_ AMOUNT UNCOLLECTIBLE:

FIXTURES &amp; EQUIPMENT: \_\_\_\_\_ VEHICLES:

REAL ESTATE:

LOCATION/DESCRIPTION	VALUE	DEBT AMOUNT	LIEN HOLDER
_____	_____	_____	_____
_____	_____	_____	_____

ACCOUNTS/NOTES RECEIVABLE FROM OFFICERS:

OTHER SIGNIFICANT ASSETS:

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OWING UNSECURED/TRADE ACCOUNTS: \_\_\_\_\_ # OF ACCTS:

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TAXES:

TAXING AUTHORITY

AMOUNT

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[NOTE: CALL IRS IN NASHVILLE TO OBTAIN PAYMENT AMOUNT- FOR AMOUNTS UNDER \$150,000 - NAMES BEGINNING WITH A-E (615) 250-5722; F-L (615) 250-6021; M-Z (615) 250-5636. FOR AMOUNTS OVER \$150,000 CALL (615) 250-6023]

WAGES OWED: \_\_\_\_\_ # CLAIMS:

RENT OWED: \_\_\_\_\_ MOS. IN ARREARS:

ACCOUNTS OR NOTES PAYABLE TO OFFICERS:

SECURED DEBTS (DO NOT REPEAT OBLIGATIONS LISTED UNDER REAL ESTATE):

SECURED PARTY

AMOUNT

COLLATERAL

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CREDITORS WITH SECURITY INTEREST IN CASH COLLATERAL (E.G., PROCEEDS OF INVENTORY, ACCOUNTS RECEIVABLE) INCLUDING IRS IF LIEN ATTACHED:

SECURED PARTY

TYPE OF CASH COLLATERAL

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COMMENTS:

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**CERTIFICATION OF RECEIPT OF OPERATING GUIDELINES**  
**AND DESIGNATION OF SPECIFIC INDIVIDUALS**

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

I hereby certify that I have received from the Office of the United States Trustee the Guidelines for Debtors-in-Possession. Further, I hereby certify that I have read and understand the Guidelines, and I agree to perform in accordance with said Guidelines. I also designate below, as provided under Bankruptcy Rule 9001(5), the individual responsible for discharging the duties of the Debtor under 11 U.S.C. §1107 and as may be required by the Court or the United States Trustee. Also designated is the individual responsible for the preparation of all financial reports as required by the Court or the United States Trustee.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Printed Name of Signatory)

**DUTIES OF DEBTOR:**

**PREPARATION OF FINANCIAL REPORTS:**

BY: \_\_\_\_\_  
 (Signature)

BY: \_\_\_\_\_  
 (Signature)

NAME: \_\_\_\_\_  
 (Print or type)

NAME: \_\_\_\_\_  
 (Print or type)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE

TELEPHONE

WORK: \_\_\_\_\_

WORK: \_\_\_\_\_

HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The undersigned, as counsel for the debtor, has read and reviewed with the debtor, the Guidelines discussed above. The U. S. Trustee is hereby authorized to contact the above designated individuals regarding administrative matters concerning the Chapter 11 case unless instructed otherwise in writing.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Attorney for Debtor)

## BANK ACCOUNT DECLARATION

**CASE NAME:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

**I hereby declare under penalty of perjury that all prepetition bank accounts of the above-captioned debtor were closed, as listed below\*:**

Depository Name	Account Name	Account Number	Date Closed

**I further declare under penalty of perjury that all monies have been transferred to the following debtor in possession bank accounts\*: (Attach copy of voided check for each account):**

Depository Name	Account Name	Account Number	Date Opened

**I declare under penalty of perjury that the information provided above and on any attachment hereto is true to the best of my knowledge and belief.**

(Date)

(Signature)

(Title)

**\* Attach additional sheets** (Printed Name of Signatory)

**if necessary.**



**DEBTOR-IN-POSSESSION STATEMENT FOR DEPOSITORY**

**To:      Designated Depository**

**From:     Office of the United States Trustee**

**Case Name:** \_\_\_\_\_

**Bankruptcy Case No:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The Debtor-in-Possession has stated that the depository (from the attached listing) for the above styled case is**

\_\_\_\_\_  
**(Designated Depository)**

**This authorization may be used to establish one or more accounts at the selected depository.**

**The authorized signatories on these accounts, which must be indicated below, may be determined by the debtor, an officer of the debtor, a general partner of the debtor, or the debtor's attorney.**

**Authorized Signatories**

**Title**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Debtor or Debtor's Attorney**

\_\_\_\_\_  
**Bankruptcy Analyst  
Chattanooga Office of United States Trustee  
Region 8, Kentucky/Tennessee**

**INSURANCE EXPIRATION STATEMENT**

CASE NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

**\* Attach copy of certificate showing coverage amounts and expiration dates and showing U. S. Trustee as "Certificate Holder" (party to be notified in the event of cancellation) for each policy listed.**

<b>N A M E     O F I N S U R A N C E C O M P A N Y</b>	<b>T Y P E     O F I N S U R A N C E ( L I A B I L I T Y , P R O P E R T Y , W O R K E R S   C O M P . , A U T O )</b>	<b>N A M E     O F I N D I V I D U A L A G E N T</b>	<b>E X P I R A T I O N D A T E O F P O L I C Y</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I declare under penalty of perjury that the information provided above and on any attachments hereto is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Title)

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**(Printed Name of Signatory)**